



ROBERT BENTLEY
Governor

Alabama Medicaid Agency

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R. BOB MULLINS, JR., MD
Commissioner

February 13, 2012

Patient/Caregiver
Address
City, State, Zip

RE: CLIENT SURVEY
Provider: Provider Number

To Patient/Caregiver:

Goold Health Systems, on behalf of the Alabama Medicaid Agency, is interested in knowing more about the service you are receiving from Pharmacy Name as a provider of blood clotting factor in agreement with Alabama Medicaid. Please take the time to complete the survey and return it in the postage-paid envelope that is included with this letter. Your reply is vital to our efforts to ensure that the best quality of service is provided to our members. The information you provide will be kept confidential and will only be used internally to assess the level of commitment to patient care.

Sincerely,

Tina M. Hisel, Pharm.D., BCPS
Goold Health Systems
45 Commerce Drive, Suite 5
Augusta, ME 04330

Enclosure(s):
Survey
Postage-paid envelope

HEMOPHILIA STANDARDS OF CARE SURVEY

Survey Instructions:

Answer all questions by checking the box to the left of the one answer that best describes each sentence based on your experience in the past 6 months.

Confidentiality:

All information that would let someone identify you or your family will be kept private.

Goold Health Systems will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

Staff Availability

1. I have been able to reach someone at Pharmacy Name by telephone at night or on weekends.

1 ☐ Always
2 ☐ Sometimes
3 ☐ Never

2. When I call at night or on weekends I am able to speak with someone who could help me.

1 ☐ Always
2 ☐ Sometimes
3 ☐ Never

3. When I call at night or on weekends to talk to a pharmacist I am able to speak with one.

1 ☐ Always
2 ☐ Sometimes
3 ☐ Never

4. When I call at night or on weekends to talk to a nurse I am able to speak with one.

1 ☐ Always
2 ☐ Sometimes
3 ☐ Never

5. When I call at night or on weekends to talk to a case manager I am able to speak with one.

1 ☐ Always
2 ☐ Sometimes
3 ☐ Never

6. If a person who can answer my question isn't available right away, I am able to speak with someone who can help me within an hour.

1 ☐ Always
2 ☐ Sometimes
3 ☐ Never

7. If a person who can answer my question isn't available right away, the person answering my call usually _____.

- 1 ☐ takes a message
- 2 ☐ transfers me to someone who could help
- 3 ☐ calls me back
- 4 ☐ does nothing
- 5 ☐ Other _____

Staff Knowledge

8. Pharmacists, nurses and case managers at Pharmacy Name are able to answer my questions.

- 1 ☐ Always
- 2 ☐ Sometimes
- 3 ☐ Never

9. When unable to answer my questions, the pharmacist, nurse or case manager will usually _____.

- 1 ☐ take a message, then call me back with an answer
- 2 ☐ transfer me to someone who could help at once
- 3 ☐ take a message, then have someone else call me back
- 4 ☐ do nothing
- 5 ☐ Other _____

10. When unable to answer my questions at once, the pharmacist, nurse or case manager usually will get back to me with an answer _____.

- 1 ☐ Within 1 hour
- 2 ☐ Within 4 hours
- 3 ☐ Within 8 hours
- 4 ☐ More than 24 hours
- 5 ☐ Never

11. I feel that the pharmacists, nurses and case managers at Pharmacy Name know my needs and work with my doctor or Hemophilia Treatment Center.

- 1 ☐ Always
- 2 ☐ Sometimes
- 3 ☐ Never

Timeliness and Accuracy of Deliveries

12. When you last requested supplies that you did not need right away, how quickly did you receive them?

- 1 ☐ Within 24 hours
- 2 ☐ Within 2 days
- 3 ☐ Within 1 week
- 4 ☐ Other: When _____

13. When you last requested clotting factor after a bleed, how quickly did you receive it?

- 1 ☐ Within 6 hours
- 2 ☐ Within 12 hours
- 3 ☐ Within 24 hours
- 4 ☐ Other: When _____

14. In the past 6 months, have you received all the supplies that you ordered?

- 1 ☐ Always
- 2 ☐ Sometimes
- 3 ☐ Never

15. In the past 6 months, the amount of supplies that I have received can be described as:

- 1 ☐ Exactly what I need.
- 2 ☐ More than I need.
- 3 ☐ Less than I need.
- 4 ☐ Sometimes I get more and sometimes I get less than I need.

16. When I order clotting factor it is cold when I receive it.

- 1 ☐ Always
- 2 ☐ Sometimes
- 3 ☐ Never

Overall Satisfaction

17. I am happy with the service that Pharmacy Name has provided within the past 6 months.

- 1 ☐ very much
- 2 ☐ sometimes, but not always
- 3 ☐ not at all

18. How can we make this program work better for you?

Other Information

19. Did someone help you complete this survey?

- 1 ☐ yes → If yes, go to question 20.
2 ☐ no → If no, go to question 21.

20. How did that that person help you? Check all that apply.

- 1 ☐ The person is my parent or guardian and completed the survey for me.
2 ☐ Read the questions to me and wrote down the answers I gave them.
3 ☐ Translated the questions into my language.
4 ☐ Helped in some other way. **(Please print)**

21. The provider noted in the letter is no longer the pharmacy that supplies my antihemophilic factor. My new supplier is:

Pharmacy Name:

Pharmacy Address:

Pharmacy Phone:

Thank you for taking the time to complete this survey. Please return the completed survey in the postage-paid envelope.